

**MONSON POLICE DEPARTMENT  
SECURITY CHECK**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TEL. # \_\_\_\_\_

DEPARTURE DATE: \_\_\_\_\_ RETURN DATE: \_\_\_\_\_

TYPE OF PREMISES: \_\_\_\_\_ ANY LIGHTS LEFT ON: \_\_\_\_\_

HAVE KEYS BEEN LEFT WITH ANYONE? NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

WILL ANYONE BE WORKING AT OR HAVE ACCESS TO PREMISES DURING YOUR  
ABSENCE? NAME: \_\_\_\_\_

IN CASE OF EMERGENCY PLEASE PROVIDE A TELEPHONE NUMBER WERE YOU CAN  
BE REACHED: \_\_\_\_\_

LIST MAKE AND LICENSE PLATE NUMBER OF ANY VEHICLES THAT WILL BE LEFT ON  
PROPERTY: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE OF REQUEST: \_\_\_\_\_

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DATE	TIME	STATE IF PREMISES WERE SECURE	OFC. INITIALS & NUMBER
OR OTHER*			

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\* IF PREMISES WERE UNSECURE OR EVIDENCE OF FORCED ENTRY PRESENT STATE IF YOU  
ENTERED AND CHECKED PREMISES. IF YOU FOUND ANY EVIDENCE OF VANDALISM OR  
THEFT MAKE SEPARATE REPORT. OVER-----